



12-27-00 09973266 . 122200 A/proo

Please type a plus sign (+) inside this box →

PTO/SB/16 (2-98)

Approved for use through 01/31/2001. OMB0651-0037

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PROVISIONAL APPLICATION FOR PATENT COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53 (c).

JC721 U.S. PTO
09/973266
12/22/00

INVENTOR(S)		
Given Name (first and middle [if any])	Family Name or Surname	Residence (City and either State or Foreign Country)
HOWARD N. MICHAEL G. MICHAEL F. IGOR (NMI)	CANNON CRONIN HOPKINS STRASHNY	SAN JOSE, CALIFORNIA PEORIA, ILLINOIS BATAVIA, ILLINOIS PEORIA, ILLINOIS
<input type="checkbox"/> Additional inventors are being named on the _____ separately numbered sheets attached hereto		
TITLE OF THE INVENTION (280 characters max)		
OPERATOR INTERFACE SYSTEM		
Direct all correspondence to: CORRESPONDENCE ADDRESS		
<input checked="" type="checkbox"/> Customer Number	719	→ <input type="text"/> Place Customer Number Bar Code Label here
OR	Type Customer Number here	
<input type="checkbox"/> Firm or Individual Name		
Address		
Address		
City	State	ZIP
Country	Telephone	Fax
ENCLOSED APPLICATION PARTS (check all that apply)		
<input checked="" type="checkbox"/> Specification Number of Pages	21	<input type="checkbox"/> Small Entity Statement
<input checked="" type="checkbox"/> Drawing(s) Number of Sheets	4	<input type="checkbox"/> Other (specify) <input type="text"/>
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT (check one)		
<input type="checkbox"/> A check or money order is enclosed to cover the filing fees	FILING FEE AMOUNT (\$)	
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number: <input type="text" value="03-1129"/>	150.00	
The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are: _____		

Respectfully submitted,

SIGNATURE James R. Smith

Date 12/22/00

TYPED or PRINTED NAME James R. Smith

REGISTRATION NO.

41,318

(if appropriate)

Docket Number:

00-351

TELEPHONE (309) 636-1569

USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

This collection of information is required by 37 CFR 1.51. The information is used by the public to file (and by the PTO to process) a provisional application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the complete provisional application to the PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C., 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, D.C., 20231.

U.S. Express Mail Label No.: EL744439965US